



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEPARTMENT OF TRANSPORTATION
OFFICE OF HUMAN RESOURCES

Two Capitol Hill, Room 214

Providence, Rhode Island 02903-1124

Phone (401) 222-2572; Fax (401) 222-2574; TDD (401) 222-4971

**REQUEST FOR DESIGNATION AS A RIDOT EMERGENCY
PAGER/TELECOMMUNICATION EMPLOYEE**

You must have written approval from the Appointing Authority in order to be eligible or continue to be eligible for this designation. This document must be submitted every six (6) months or whenever a change becomes necessary.

NAME: _____
CLASSIFICATION: _____
DIVISION: _____
SECTION: _____
UNIT: _____

CHECK UNION: ☐ IFPTE Local 400 ☐ LIUNA 808 Supervisory Professional

Employee's 24/7 Contact Information:

Home Address: _____
Phone #: _____
Business Address: _____
Business Phone #: _____
RIDOT Emergency Pager #: _____
RIDOT Nextel #: _____

Eligibility Time Period Submitted:

CHECK ONE: ☐ January-June 200__ ☐ July-December 200__
Compensation is paid after the completion of the assignment.

CHIEF/UNIT SUPERVISOR/OR DIVISIONAL ASSISTANT DIRECTOR. Please provide a "detailed" explanation as to the operational necessity and rational for designating this employee under the collective bargaining agreement.

I have reviewed the applicable requirements and:

☐ Recommend the designation☐ Not Recommend the designation.

/

Supervisory/Divisional Authority

Date _____

Appointing Authority:

☐

Approved

□

Disapproved

/

RIDOT Human Resources

Date _____

/

Director of Transportation/Designee

Date

cc: Employee Copy
HR/Payroll File
Divisional Copy
LIUNA 808 or IFPTE 400